

**State of Rhode Island
Before the State Labor Relations Board**

In the Matter of

Employer

-and-

Case No.

Employee Representative(s)

**PETITION FOR INVESTIGATION OF CONTROVERSIES AS TO REPRESENTATION
PURSUANT TO SECTION 28-7-16, G. L., 1956, ENTITLED
STATE LABOR RELATIONS ACT**

File **a signed original and two (2) copies** of this form with the Board. **THIS FORM MUST BE TYPED.**

1. Type of Petition (Check one)
- ☐ Petition by or on behalf of Employees seeking certification or decertification of any Employee Organization.
- ☐ Petition by Employer seeking to resolve claim of representation by one or more Employee Organizations.
2. Name of Employer _____
- Principal Place of Business (Address) _____
- Labor Relations Representative (if known) _____
3. Unit Involved – List specific titles of positions to be included in proposed unit and attach a copy of job descriptions, if available. Attach additional sheets, if necessary.
- Included: _____
- _____
- _____
- Excluded: _____
4. Number of employees in unit sought: _____
- A. If the petitioner seeks to represent a unit of employees who are **currently represented** for the purpose of collective bargaining, is it filed within the 30 day “window period” as outlined in RIGL 28-7-9? Yes ☐ No ☐
- B. Recognized or certified bargaining agent (Incumbent Labor Organization):
- Name: _____
- Address: _____
- If certified, give Case Number: _____ Date Certified: _____
- If recognized, give approximate date: _____
- If there is an existing collective bargaining agreement, give date of expiration: _____
- Month/Day/Year
5. List other Employee Organizations known to have an interest in the employees previously described.
- Name(s): _____
- Address(es): _____

The undersigned requests pursuant to R.I.G.L. 28-7-16, that the Rhode Island State Labor Relations Board investigates such controversy and certify to the parties the name or names of the representatives that have been designated or selected by said employees.

Names of employees or representatives filing this petition. (If a labor organization, give name and official position of person acting for the organization.)

PETITIONER: _____ Date: _____

Signature

Print Name & Title: _____

Address: _____

Phone _____ Fax _____ Email _____

NOTE: Petitions seeking representation or decertification must be accompanied by a Cards of Interest of at least 30% of the employees in the bargaining unit.